



## **FY 2000 Carry-Over Final Report**



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
 Fiscal Year 2000

**SUBMIT TO COUNTY  
 OFFICE OF  
 EDUCATION ONLY**

**FY 2000 Carry-Over Final Report  
 Title Page**

Date received by the  
 county office \_\_\_\_\_

<b>{ } Individual LEA Applicant</b>			<b>{ } Consortium Applicant</b>	
<b>Project Code: CSR</b> _____ <b>- 01</b>  Final Report for FY 2000 Class-Size Reduction Carry-Over			<b>Project Period: 9/1/00 to 8/31/01</b>	
1. LEA:			2. County:	
3. Project Director:		3a. Tel. #:	3b. FAX #: E-mail:	
4. Address:				
<b>CLASS-SIZE REDUCTION INITIATIVE</b>	<b>5. Approved Amount</b>	<b>6. Expended Amount</b>	<b>7. Unexpended Balance</b>	<b>8. Amount Being Returned to NJDOE</b>
	\$	\$	\$	\$
<b>FOR CARRY-OVER FUNDS ONLY</b>				
9. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets if necessary.)				
10. Board Secretary/Business Administrator (Signature):			Date:	
11. Approved by Chief School Administrator (Signature):			Date:	
<b>COUNTY/SEA USE ONLY FOR FINAL REPORT APPROVAL</b>				
County Office <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:
OGMD <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:
<b>COPY DISTRIBUTION:</b> County Office                      Chief School Administrator				



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
Fiscal Year 2000

Project Period 9/1/2000 to 8/31/2001  
**FY 2000 Carry-Over Final Report – Status Report**

LEA: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROJECT CODE: CSR \_\_\_\_ - 00

Project Period: 9/1/00 to 8/31/01

GOAL/OBJECTIVE/ ACTIVITY CODE	STATUS OF OBJECTIVES AND ACTIVITIES BASED ON EVALUATION PLAN RESULTS
	<p>Attach copy of the “CSR Annual Report”</p>

*Use additional sheets, if needed*



New Jersey Department of Education  
Improving America's Schools Act (IASA)

Class-Size Reduction Initiative

Fiscal Year 2000

**Budget Summary – Carry-Over Final Report – Expenditures**

PROJECT CODE: CSR\_\_\_\_00

LEA: \_\_\_\_\_

COUNTY: \_\_\_\_\_

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODES	TITLE VI CLASS-SIZE INITIATIVE			
		PROGRAM COSTS	PROFESSIONAL DEVELOPMENT	ADMINISTRATION	TOTAL
		72% Min.	25% Max.	3% Max	
<b>INSTRUCTION</b>					
Salaries of Teachers	100-101				
Other Salaries for Instruction	100-106				
Purchased Prof. & Tech. Services	100-300				
Other Pur. Serv. (400-500 series)	100-500				
Tuition	100-560				
General Supplies	100-610				
Textbooks	100-640				
Other Objects	100-800				
<b>SUBTOTAL INSTRUCTION</b>					
<b>SUPPORT SERVICES</b>					
Sal. of Supervisors of Instruction	200-102				
Sal. of Program Directors	200-103				
Sal. of Other Professional Staff	200-104				
Sal. of Secretarial & Clerical Assist.	200-105				
Other Salaries	200-110				
Personal Serv. - Employee Benefits	200-200				
Purchased Prof. - Ed. Services	200-320				
Other Purchased Prof. Services	200-330				
Purchased Technical Services	200-340				
Rentals	200-440				
Contracted Services - Transport. Other Than Betw. Home & School	200-516				
Travel	200-580				
Other Pur. Serv. (400-500 series)	200-590				
Supplies and Materials	200-600				
Indirect Costs	200-860				
Other Objects	200-890				
<b>SUBTOTAL - SUPPORT SERVICES</b>					
<b>FACILITIES ACQ &amp; CONSTR SERV</b>					
<b>Buildings (Use charge)</b>	400-720				
Instructional Equipment	400-731				
Noninstructional Equipment	400-732				
<b>SUBTOTAL - FAC ACQ &amp; CONSTR</b>					
<b>Schoolwide (Abbott)</b>	520-930				
<b>Schoolwide (Non-Abbott/3<sup>rd</sup> Cohort Abbott)</b>	520-932				
<b>GRAND TOTAL</b>					

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_





New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
Fiscal Year 2000 Carry-Over Final Report  
**Federal Equipment Inventory**

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ **PROJECT CODE: CSR** \_\_\_\_ - **00**  
**Project Period: 9/1/00-8/31/01**

Acquisition Date	Description (Name, Type, Size)	Manufacturer/ Model	Serial/Inventory Number	Unit Acquisition Cost	CSR Cost	% of CSR Cost	Location in LEA

LEA Business Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_